Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

## State of them interaco. Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.D. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

l.		IO INAL	NOF C	INT OIL	VIAD IAV	UNALGA	Well	Pl No.			
Operator Amoco Production Company					Well API No. 3004521192						
Address					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
1670 Broadway, P. O.	Вох 800	, Denve	r, C	olorado							
Reason(s) for Ulling (Check proper box)		_			[ Othe	t (Please expla	in)				
New Well  Recompletion	O2	Change in T	Franspor Dry Gas	L							
(3)	Oil Casinohea	iGas []0	•	4777.7							
custom colorest						Englaria	d Cala	do 00	155		
and address of previous operator 1en  1. DESCRIPTION OF WELL			, 61	02 S. V	WIIIOW,	Englewoo	u, coro.	rago ou	133		
Lease Name JONES LS	Well No. Pool Name, Including							Lease No. RAL SF079938			
Location											
Unit Letter	_ :13	I	Feet Fre	om The	L Line	and 1000	Fe	et From The .	7 417	Line	
Section 35 Township	ip 29N	1	Range <sup>8</sup>	W	N	AFM,	SAN J	UAN		County	
III. DESIGNATION OF TRANS	ISPORTE	R OF OH		D NATUI	RAL GAS Address (Give	e address to wh	ich approved	copy of this f	orm is to be se	ni)	
ame of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X ]  L PASO NATURAL GAS COMPANY					Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1492, EL PASO, TX 79978						
If I PASO INTOKAL GAS CO It well produces oil or liquids, give location of tanks.	Unit	Sec.	Тwp.	Rge.	Is gas actually connected? When			··			
If this production is commingled with that	from any oth	er tease or p	ool, giv	le commingl	ing order num	ber:	J				
IV. COMPLETION DATA		loii Weli		Jas Well	New Well		Deepen	Plug Back	Same Res'v	hilf Res'v	
Designate Type of Completion		_i	_i_		İ		1	<u>l,</u>	l	_L	
Flate Spudded	Date Comp	pl. Ready to	Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations					Depth Casing Shoe						
								'	_		
	7	UBING,	CASI	IG AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
								ļ			
V. TEST DATA AND REQUE	ST FOR 7	ALLOWA	BLE		1			.J			
CIL WELL (Test must be after				oil and must	be equal to or	exceed top all	owab!e for th	s depth or be	for full 24 hou	us.)	
Date First New Oil Run To Tank	Date of Te	র			Producing M	ethod (Flow, pi	ump, gas lýt,	eic.)			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
	<u> </u>				J			J			
GAS WELL					1866-20-3			Transition.	Condensate		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
lesting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	use (Shut in)		Choke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					OIL CONSERVATION DIVISION  MAY 0.8 1989						
					Date	Date Approved					
Superiore L. Hampton					By_	By SUPERVISION DISTRICT # 3					
J. L. Hampton Sr. Staff Admin Suprv.							m41 T L	~~~	J.11.202 W	_	
Printed Name					Title						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
  4) Separate Form C 104 must be filed for each pool in multiply completed wells.